

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

April 16, 2015

Ms. Mary Belanger, Administrator
St Joseph's Residential Care Home
243 North Prospect Street
Burlington, VT 05401-1609

Dear Ms. Belanger:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 23, 2015**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/23/2015
NAME OF PROVIDER OR SUPPLIER ST JOSEPH'S RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 243 NORTH PROSPECT STREET BURLINGTON, VT 05401			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection on 3/23/15. The following regulatory findings were identified. Two of the regulatory violations were determined to require immediate corrective action due to the immediate jeopardy they posed to the health and safety of the residents of the home. The home submitted an immediate corrective action plan to this Division on March 27, 2015, which was accepted.	R100			
R126 SS=J	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.a Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that necessary services were provided to meet the resident's needs for one sampled resident (Resident #1). Findings include: Per record review on 3/23/15, Resident #1 had resided at the home since admission on 8/29/12. The resident had diagnoses that included dementia and depression. Some of the behaviors documented for this resident included aggression, and wandering behaviors with an identified elopement risk. Per review of the	R126			

See Next Page

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Addendum: Per phone call with manager on 4/15/15, the charge nurse will be responsible for ensuring the alarms are turned on in the evenings. The Director of Nursing is responsible for monitoring for compliance.
R126 - R303 POC's accepted with addendum 4/15/15 Kcampes RN/PME

PRINTED: 04/03/2015
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/23/2015
NAME OF PROVIDER OR SUPPLIER ST JOSEPH'S RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 243 NORTH PROSPECT STREET BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R126	<p>Continued From page 1</p> <p>nurse's notes, the resident was often up at night, needing attention from staff, and family was often called upon to come in and visit with the resident to settle their anxiety. Per review of the notes, an incident occurred on 10/23/14 at 4:30 AM where the resident was found in the stairway without a walker, down one flight of stairs, was very confused, and told staff that s/he was looking for their car.</p> <p>Per review of the nurse's note from 2/26/15, Resident #1 was found by the LNA on duty at 1:45 AM sitting outside of the building, outside the dining room door, confused, in a tee shirt and underwear, and without a walker. The LPN on duty with the LNA wrote that the resident had abrasions on lower left leg, hands, and sacrum, as well as signs of frostbite on toes and fingers. The temperature outside was well below zero degrees according to weather data and the resident's family member. The resident was transported to the Emergency Room, and admitted to the hospital with significant frostbite and hypothermia. After the hospital stay of approximately 10 days, the resident was admitted to a skilled nursing facility and passed away.</p> <p>Per review of Resident #1's medical record, the plan of care identified him/her as an elopement risk and a wanderer. Problems listed on the plan of care included: History of attempts to leave facility unattended, Resident wanders aimlessly, Impaired safety awareness, Disoriented to place at times places resident at risk of getting to a potentially dangerous place/stairs/outside of facility, and attempts to descend back stairs. Interventions included Toileting every 2 hours and as needed during the day and evening, at 11-12 AM, between 5 and 6 AM to prevent wandering to find bathroom. Staff statements indicated that he</p>	R126	<p>Plan of Correction:</p> <ol style="list-style-type: none"> 1. As of 3/26/15, we have alarmed all exit doors with alarms that can be heard throughout the building. These alarms will be activated at 9:00 pm every evening by the evening Med Tech. They will remain on until 5:00 am when the Night shift Med Tech deactivates. 2. Staff has been instructed on the use of these alarms and has received a written policy regarding the use of the alarms. Please see attached policy. 3. We are conducting rounds more frequently on the evening and night shifts paying particular attention to the 2 residents that are at risk of elopement. <p>As of March 26, 2015, the above corrections are in place.</p>	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/23/2015
NAME OF PROVIDER OR SUPPLIER ST JOSEPH'S RESIDENTIAL CARE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 243 NORTH PROSPECT STREET BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R126	Continued From page 2 was checked on around 12 midnight during rounds, and was in his/her room at that time. During a tour of the home at 10:25 AM, it was observed that a doorbell system had been installed on the dining room door where Resident #1 had exited on 2/26/15. The front door of the home also had a previously existing doorbell system. Per observation of the other 3 doors on the ground floor near the dining room, there were no alarms installed on any of those exits. There are also no doorbells on these doors to allow someone to alert staff that they were locked out. There was also an area near the dining room that had double unlocked doors with a sign indicating that it was an employee only area, however easily entered potentially by a resident if they ignored the sign, and leading to an unlocked door off the laundry room. Per interview on 3/23/15 at 10:45 AM, the Head of Maintenance stated that three alarms had been purchased for the home, which if activated would make a loud sound if someone opened the door. The Head of Maintenance stated that s/he was waiting for approval from management to install them, as there was a concern about disturbing residents with a loud alarm at night if someone exited. Per interview on 3/23/15 at 11:15 AM with the Manager of the home, there had been discussions around how to make the building more secure from possible resident elopements, however no final decision had been made as to what type of system should be installed at the home. Per interview at that time also, the Controller and Director of Professional Services for Vermont Catholic Charities stated that although discussions were had by administration about a solution to the security of residents, there had been no final decision as to what system	R126			

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/23/2015
NAME OF PROVIDER OR SUPPLIER ST JOSEPH'S RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 243 NORTH PROSPECT STREET BURLINGTON, VT 05401			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R126	Continued From page 3 would be installed to better secure the home. Per interview on 3/23/15 at 9:55 AM, the Director of Nursing Services identified two current residents with dementia who were considered at risk for elopement. One of them resided in a room on the ground floor that was close by and easily accessible to an exit that had no alert system on it to indicate someone had exited the door. The DNS stated that there were always two awake staff working the overnight shift, and they completed rounds of the building less than an hour before Resident #1 exited the door on the night of 2/26/15, and found the resident in their room at that time. The DNS also confirmed that although the staff are awake and checking on residents, the possibility still existed for a resident to exit undetected by staff if they were in another part of the building at the time.	R126			
R266 SS=J	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to provide and maintain a safe environment for one sampled resident (Resident #1). Findings include: Per record review on 3/23/15, Resident #1 had resided at the home since admission on 8/29/12. The resident had diagnoses that included	R266	<p>Plan of Correction:</p> <ol style="list-style-type: none"> As of 3/26/15, we have alarmed all exit doors with alarms that can be heard throughout the building. These alarms will be activated at 9:00 pm every evening by the evening Med Tech. They will remain on until 5:00 am when the Night shift Med Tech deactivates. Staff has been instructed on the use of these alarms and has received a written policy regarding the use of the alarms. Please see attached policy. We are conducting rounds more frequently on the evening and night shifts paying particular attention to the 2 residents that are at risk of elopement. <p>As of March 26, 2015, the above corrections are in place.</p>		

PRINTED: 04/03/2015
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/23/2015
NAME OF PROVIDER OR SUPPLIER ST JOSEPH'S RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 243 NORTH PROSPECT STREET BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R266	<p>Continued From page 4</p> <p>dementia and depression. Some of the behaviors documented for this resident included aggression, and wandering behaviors with an identified elopement risk. Per review of the nurse's notes, the resident was often up at night, needing attention from staff, and family was often called upon to come in and visit with the resident to settle their anxiety. Per review of the notes, an incident occurred on 10/23/14 at 4:30 AM where the resident was found in the stairway without a walker, down one flight of stairs, was very confused, and told staff that s/he was looking for their car.</p> <p>Per review of the nurse's note from 2/26/15, Resident #1 was found by the LNA on duty at 1:45 AM sitting outside of the building, outside the dining room door, confused, in a tee shirt and underwear, and without a walker. The LPN on duty with the LNA wrote that the resident had abrasions on lower left leg, hands, and sacrum, as well as signs of frostbite on toes and fingers. The temperature outside was well below zero degrees according to weather data and the resident's family member. The resident was transported to the Emergency Room, and admitted to the hospital with significant frostbite and hypothermia. After the hospital stay of approximately 10 days, the resident was admitted to a skilled nursing facility and passed away.</p> <p>Per review of Resident #1's medical record, the plan of care identified him/her as an elopement risk and a wanderer. Problems listed on the plan of care included: History of attempts to leave facility unattended, Resident wanders aimlessly, Impaired safety awareness, Disoriented to place at times places resident at risk of getting to a potentially dangerous place/stairs/outside of facility, and attempts to descend back stairs.</p>	R266		

PRINTED: 04/03/2015
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/23/2015
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ST JOSEPH'S RESIDENTIAL CARE HOME

243 NORTH PROSPECT STREET
BURLINGTON, VT 05401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R266	Continued From page 5 Interventions included Toileting every 2 hours and as needed during the day and evening, at 11-12 AM, between 5 and 6 AM to prevent wandering to find bathroom. Staff statements indicated that he was checked on around 12 midnight during rounds, and was in his/her room at that time. During a tour of the home at 10:25 AM, it was observed that a doorbell system had been installed on the dining room door where Resident #1 had exited on 2/26/15. The front door of the home also had a previously existing doorbell system. Per observation of the other 3 doors on the ground floor near the dining room, there were no alarms installed on any of those exits. There are also no doorbells on these doors to allow someone to alert staff that they were locked out. There was also an area near the dining room that had double unlocked doors with a sign indicating that it was an employee only area, however easily entered potentially by a resident if they ignored the sign, and leading to an unlocked door off the laundry room. Per interview on 3/23/15 at 10:45 AM, the Head of Maintenance stated that three alarms had been purchased for the home, which if activated would make a loud sound if someone opened the door. The Head of Maintenance stated that s/he was waiting for approval from management to install them, as there was a concern about disturbing residents with a loud alarm at night if someone exited. Per interview on 3/23/15 at 11:15 AM with the Manager of the home, there had been discussions around how to make the building more secure from possible resident elopements, however no final decision had been made as to what type of system should be installed at the home. Per interview at that time also, the Controller and Director of Professional Services	R266		

PRINTED: 04/03/2015
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/23/2015
NAME OF PROVIDER OR SUPPLIER ST JOSEPH'S RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 243 NORTH PROSPECT STREET BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R266	Continued From page 6 for Vermont Catholic Charities stated that although discussions were had by administration about a solution to the security of residents, there had been no final decision as to what system would be installed to better secure the home. Per interview on 3/23/15 at 9:55 AM, the Director of Nursing Services identified two current residents with dementia who were considered at risk for elopement. One of them resided in a room on the ground floor that was close by and easily accessible to an exit that had no alert system on it to indicate someone had exited the door. The DNS stated that there were always two awake staff working the overnight shift, and they completed rounds of the building less than an hour before Resident #1 exited the door on the night of 2/26/15, and found the resident in their room at that time. The DNS also confirmed that although the staff are awake and checking on residents, the possibility still existed for a resident to exit undetected by staff if they were in another part of the building at the time.	R266		
R303 SS=E	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.d There shall be an operable telephone on each floor of the home, at all times. A list of emergency telephone numbers shall be posted by each telephone. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to ensure that an operable telephone was available on each floor of the home with a list	R303	R303 IX Physical Plant: On the day of survey- 3/23/15- upon notification of non-compliance with the state Regulation 9.11, phones were immediately placed in public areas. One on each floor as required by the regulation. The phones will remain in place and emergency phone numbers are posted next to the phones for easy access.	

PRINTED: 04/03/2015
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/23/2015
NAME OF PROVIDER OR SUPPLIER ST JOSEPH'S RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 243 NORTH PROSPECT STREET BURLINGTON, VT 05401			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R303	Continued From page 7 of emergency phone numbers. Findings include: Per observation during a tour of the home on 3/23/15, there were no telephones visible on the two upper floors of the home where residents reside. Per interview on 3/23/15 at 2:40 PM, the Manager of the home confirmed that the telephones on the two upper floors had been removed due to a resident repeatedly calling 911 Emergency Services for non-emergent reasons. The Manager confirmed that a wireless telephone was available to residents if they asked staff to use it, however there was no phone available on the upper two floors with a list of emergency phone numbers as per the regulation.	R303			